

Statement of Financial Interests for 2024



Departure Date :

PERSONAL INFORMATION

First Name and Middle initial:

Ojala

Last Name:

Naeem

Street Address 1:

100 Pierce Blvd

Street Address 2:

City:

Windsor

State:

CONNECTICUT

Zip:

06095

☐ If you are claiming an exemption from disclosure for this property under FOIA

Phone Number:

(203) 565-5348

Email Address:

ojala.naeem@gmail.com

OCCUPATION

☐ Current Dual Employment

Current State Position:

Executive Branch

Membership:

Public Agency

Name of Agency:

Social Equity Council

Title/Position:

Council Member

☐ If you also hold or have held a different State position than the position above during the period for which this filing is being made, and that position also required the filing of the SFI form

☐ Previous Dual Employment

Previous State Position:

Membership:

Name of Agency:

SPOUSE	
☐ If you do not have a Spouse	
Spouse First Name and Initial:	Spouse Last Name:
Rohaam	Iqbal

FAMILY MEMBERS (CHILDREN)	
☐ If you do not have dependent children	
Child First Name and Initial:	Child Last Name:
Child	***

REAL PROPERTY☐ If you do not own a property☐ If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

100 Pierce Blvd

City:

State:

Zip:

Windsor

CONNECTICUT

06095

Country:

United States

Owner or Beneficiary:

Ojala Naeem

☒ Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

BUSINESSES**BUSINESS (WITH WHICH ASSOCIATED)**☒ If you are not associated with any business**BUSINESSES****TRUSTS**☒ If you are not part of a trust

INCOME SOURCES

☐ If you do not have an Income Source(s)

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Travelers

Recipient:

Self

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Kaba Fusion

Recipient:

Spouse

Type Of Income Received:

Salary/Wages

Name of Employer or Other Source:

Dysimmune Diseases Foundation

Recipient:

Spouse

BLIND TRUST

☒ If you do not have a Blind Trust(s)

SECURITIES

☐ If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

Security Name:

Travelers

Owner or beneficiary if held by another:

Self

☒ Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

☒ If you do not have a State lease(s)

CONTRACTS

☒ If you do not have a State contract(s)

CONFIDENTIAL ADDENDUM

- ☐ If you, your spouse and/or your dependent children owe no debts of more than ten thousand dollars
- ☒ I choose to waive confidentiality such that my confidential addendum may be disclosed.
- ☐ I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

Name of Creditor:

Regions Bank

Street Address 1:

1900 5th Avenue North

Street Address 2:

City :

Birmingham

State:

ALABAMA

Zip:

35203

Name of Creditor:

Mercedes Benz Financial Services

Street Address 1:

35555 W 12 Mile Rd

Street Address 2:

City :

Farmington Hills

State:

MICHIGAN

Zip:

35555

CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty(30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2024

☒ **I have read and agree to all above certifications.**

Name:

Ojala Naeem

Filed Date and Time:

04/28/2025 10:01 PM